

**IN THE DISTRICT COURT OF THE FIFTH JUDICIAL DISTRICT OF THE  
STATE OF IDAHO, IN AND FOR THE COUNTY OF TWIN FALLS**

**IN RE THE GENERAL ADJUDICATION OF  
RIGHTS TO THE USE OF WATER FROM THE  
COEUR D'ALENE-SPOKANE RIVER BASIN  
WATER SYSTEM**

**CIVIL CASE                    49576  
NUMBER:  
Ident. Number:            95-17005  
Date Received:  
Receipt No.:                C100318**

**AMENDED**

**NOTICE OF CLAIM TO A WATER RIGHT  
ACQUIRED UNDER STATE LAW**

**RECEIVED**

**APR 22 2015**

Department of Water Resources  
Adjudication Bureau

**1. Name of Claimant(s):**

Name	Address	City	State	Country	Postal Code
NATHANAEL BUSH	4804 W PRESLEY RD	COEUR D ALENE	ID	USA	83814
BONITA NILES-BUSH	4804 W PRESLEY RD	COEUR D ALENE	ID	USA	83814

**2. Date of Priority:**

**Date**

**Explanation**

1/1/2000 Property was placed in a trust for Nathanael Bush by his parents. Nathanael started using the property at that time.

**3. Source:**

Source	Tributary	Type
GROUND WATER	TRIBUTARY NOT NEEDED	

**4. Point Of Diversion:**

Township	Range	Section	Gov Lot	QQ	Q	County
49N	04W	3	4			KOOTENAI

**5. Water is used for the following purpose(s):**

Water Use	Number Of Homes	Stock	Description
DOMESTIC	3	-	Small cabin and a pole building also utilizes the water.

**6. Season(s) of Use:**

Water Use	From Month/Day	To Month/Day
DOMESTIC	1 / 1	12 / 31

7. Quantity:

Water Use CFS AF KW

DOMESTIC 0.040 0.00 0.0

Totals:

CFS AF KW

0.040 0.00

8. Place of Use:

Water Use Township Range Section QQ Q County Gov Lot Acreage

DOMESTIC 49N 04W 3 KOOTENAI 4 -

9. Basis of Claim:

Basis

Beneficial Use

10. Signature(s):

(a.) By signing below, I/We acknowledge that I/We have received, read and understand the form entitled "How you will receive notice in the Coeur d'Alene-Spokane River Basin Adjudication." (b.) I/We do \_\_\_ do not \_\_\_ wish to receive and pay a small annual fee for monthly copies of the docket sheet.

Number of attachments: \_\_\_\_\_

For Individuals: I/We do solemnly swear or affirm under penalty of perjury that the statements contained in the foregoing document are true and correct.

Signature of Claimant(s):

Date:

Date:

For Organizations: I do solemnly swear or affirm under penalty of perjury that I am

\_\_\_\_\_  
Title of \_\_\_\_\_  
Organization

that I have signed the foregoing document in the space below as

\_\_\_\_\_  
Title of \_\_\_\_\_  
Organization

and that the statements contained in the foregoing document are true and correct.

Signature of Authorized Agent \_\_\_\_\_ Date \_\_\_\_\_

Title and Organization \_\_\_\_\_

Please print name